

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN4168ADC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/02/2011
NAME OF PROVIDER OR SUPPLIER ANGEL ASSOCIATES, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1577 VASSAR STREET RENO, NV 89502		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
U 000	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of a State Licensure survey conducted at your facility on 6/2/11.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Facilities For Care Of Adults During The Day, regulations adopted by the Nevada State Board of Health on June 23, 1986.</p> <p>The facility was licensed for twenty total day care clients. The census at the time of the survey was nine. Nine resident files were reviewed and two employee files were reviewed.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	U 000			
U 57	<p>449.4072 DIRECTOR AND EMPLOYEES</p> <p>3. Every employee of the facility: (b) Shall provide the division: (2) Upon his initial employment, with a negative report of a tuberculin test conducted within the preceding 6 months. Thereafter, a tuberculin test must be completed every 2 years. If the report of the tuberculin test is positive, he shall provide an X-ray film of his chest.</p> <p>This Regulation is not met as evidenced by: NAC 441A.375 Medical facilities, facilities for the dependent and homes for individual residential care: Management of cases and suspected</p>	U 57			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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U 57	<p>Continued From page 1</p> <p>cases; surveillance and testing of employees; counseling and preventive treatment.</p> <p>2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200</p> <p>3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a:</p> <p>(a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and</p> <p>(b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered.</p> <p>A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of</p>	U 57			

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U 57	Continued From page 2 exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. Based on record review on 6/2/11, the facility failed to ensure 1 of 2 employees had a current two-step Tuberculin skin test (Employee #2). Severity: 2 Scope: 3	U 57			
U112	449.4074 Requirements for Facility 4. Each facility must have at least two well-identified exits. This Regulation is not met as evidenced by: Based on record review on 6/2/11, the facility failed to provide at least two well-identified exits. Severity: 2 Scope: 2	U112			
U123	449.4075 Plan for Emergencies; Drill for Evacuation 2. A drill for evacuation must be conducted at least once every 3 months. Fire extinguishers must be inspected periodically and training must be provided for employees of the facility in procedures to be followed in case of a fire or other emergency. This Regulation is not met as evidenced by: Based on observation and interview on 6/2/11, the facility failed to have a recharged and inspected fire extinguisher on the premises.	U123			

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U123	Continued From page 3 Severity: 2 Scope: 2	U123			
U9999	Final Comment Final Comment The facility must show evidence of compliance with the provisions of chapter 441A of NRS regarding tuberculin testing and the regulations adopted pursuant thereto. Based upon record review on 6/2/11, the facility failed to ensure 9 of 9 clients had documentation of required Tuberculin skin tests (Client #1, #2, #3, #4, #5, #6, #7, #8, #9). Severity: 2 Scope: 3	U9999			

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